

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/856982**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT
1	/					
2	/					
3	/					
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TOTAL IND.	2					
TOTAL DEP.	7					
TOTAL CLAIMS	9					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS